

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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3. Drill fluid inventory refer to Attachment X.

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.2	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

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MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

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Non-Contact Cooling Water

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078	05/20/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078	05/20/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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				(805)535-2078		05/20/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		05/20/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid
External Outfall**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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(805)535-2078				05/20/2014		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078	05/20/2014
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	7.7	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		05/20/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		05/20/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		05/20/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		05/20/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	05/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	05/20/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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(805)535-2078				08/26/2014		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	7.1	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		08/26/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid
External Outfall**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	5.9	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		08/26/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE
				(805)535-2078		08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail=1		Quarterly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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(805)535-2078				08/26/2014		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	4.95	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		08/26/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	08/26/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	08/26/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		11/25/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid
External Outfall**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.4	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		11/25/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.5	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		11/25/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		11/25/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		11/25/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290
Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahi	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).
2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	002B-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid
External Outfall**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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(805)535-2078				11/25/2014		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. #Job Type: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	004B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078	11/25/2014
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	005B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.2	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	006B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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			(805)535-2078	11/25/2014
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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			(805)535-2078	11/25/2014
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	011B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bilge Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Test Fluids

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078		11/25/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
			(805)535-2078	11/25/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
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TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE		DATE	
				(805)535-2078		11/25/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003**ATTN:** Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Hydrotect Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(805)535-2078	11/25/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000**ADDRESS:** 290 Maple Court, Suite 290
Ventura, CA 93003**FACILITY:** PLATFORM HABITAT**LOCATION:** LAT 34 28 66.11 LO 119 58 80.83
PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(805)535-2078	11/25/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)